

Insight Brief: Urgent Care

Information Sharing with Primary Care Providers

Overview

The Maryland Health Care Commission conducted a review of urgent care centers (UCC) in Maryland.¹ The review sought to understand if procedures exist to share information about patient encounters at UCCs with primary care providers (PCPs). Approaches include automated notifications sent via an electronic health record (EHR) system² or the Encounter Notification Service (ENS) available through the State-Designated Health Information Exchange (CRISP),³ and others, such as fax, phone, and paper discharge summaries provided to patients. UCCs share encounter information based on how acute or serious a patient's condition is and whether the patient has a regular PCP that is identified during their visit.⁴ Clinical judgement is sometimes exercised to facilitate warm hand-offs for patients who need immediate follow-up care.⁵ In these cases, UCCs may provide referrals or assist the patient with making a follow up appointment. Systematic communication between UCCs and PCPs helps ensure appropriate follow up care is provided to patients.⁶

Seeking Urgent Care

Patients seek immediate, on-demand care from UCCs, retail clinics, hospital emergency departments (ED), and some primary care practices⁷ that offer extended hours, walk-in services, or same-day appointments. These settings provide varying degrees of comprehensive care based on their clinical capabilities and may share similar site names.⁸ Understanding key distinctions of each setting is important for consumers seeking care for basic, minor, urgent, and emergency health needs.^{9, 10}

¹ The review consisted of a questionnaire distributed to UCCs and follow up interviews conducted from July through September 2020 and March 2021.

² Includes auto faxing and direct messaging.

³ More information about ENS is available at: crisphealth.org/applications/encounter-notification-services-ens/.

⁴ The Journal of Urgent Care Medicine, *The Quality of Care at Urgent Care Centers*. Available at: www.jucm.com/quality-care-urgent-care-centers/.

⁵ For example, one UCC has a specific process for COVID-related pneumonia cases. If a patient has a PCP, the UCC provider calls the patient's PCP to make a follow-up appointment before the patient leaves the UCC.

⁶ The Joint Commission Journal on Quality and Patient Safety, *Improving the Quality of Care and Communication During Patient Transitions: Best Practices for Urgent Care Centers*, July 2014. Available at: www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/topics-library/coord_of_care_jqps0714pdf.pdf?db=web&hash=2F33FCD09F351749032636A2EFC3DC34.

⁷ Nationally, about 36 percent of primary care practices offer extended hours. More information is available at: www.solvehealth.com/faq/what-is-urgent-care

⁸ Site names can include, but are not limited to, after-hours walk-in clinics, minute clinics, quick care clinics, minor emergency centers, and minor care clinics. In some instances, the term "emergency" is used in site name or advertisements (e.g., "We Treat Emergencies"). More information is available at: www.acep.org/patient-care/policy-statements/urgent-care-centers/.

⁹ Centennial Medical Group, *Key Differences Between Primary Care, Urgent Care, and Retail Clinics*. Available at: www.centennialmedical.com/key-differences-between-primary-care-urgent-care-and-retail-clinics/.

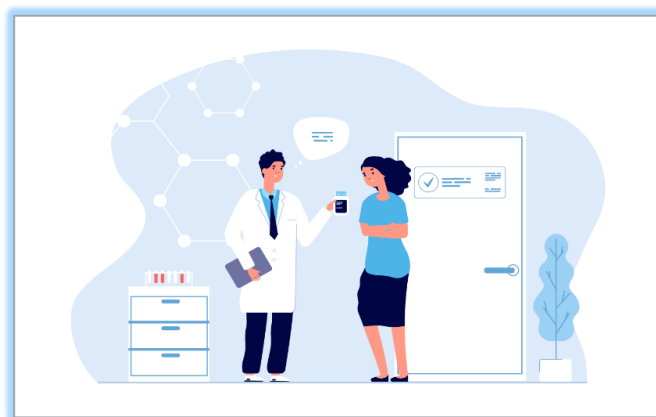
¹⁰ There is a general lack of standardization in how states define "urgent" and regulate the scope of services provided by UCCs. More information is available at: www.ucaoa.org/Portals/80/pdfs/benchmarking/UCA-BenchmarkSurvey19_v1.pdf?ver=2020-02-21-182523-333.

Urgent Care Centers

UCCs treat a broad spectrum of medical conditions and perform minor procedures.¹¹ Convenience is a key characteristic of UCCs; many offer care primarily on a walk-in basis with evening hours Monday through Friday and at least one weekend day.¹² UCCs typically provide suturing solutions and offer in-house lab and x-ray capabilities; some also have pharmacies located onsite.¹³ UCCs are ideal for urgent situations that are non-life-threatening (e.g., minor sprains and lacerations).¹⁴ About two percent of consumers that arrive at a UCC are diverted to a hospital ED.¹⁵ The majority of UCCs are staffed with primary care physicians, advanced practice registered nurses,¹⁶ and physician assistants.¹⁷ Nationally, 86 percent of UCCs provide episodic care; approximately 8 percent offer primary care.^{18, 19}

Retail Clinics

Retail clinics generally treat lower acuity conditions.²⁰ Walk-in services include treatment for minor illness, such as a sore throat and headache, and preventative care like vaccines and physical exams. Retail clinics are typically not equipped to handle urgent health needs, such as broken bones or lacerations. They also have limited space since they are largely located inside of grocery stores, pharmacies, and big box retailers (e.g., Target or Walmart).²¹ Retail clinics are usually staffed by nurse practitioners or physician assistants and offer the added convenience of being located in a storefront where consumers can purchase prescriptions, food, and other household items. Operating hours vary and are usually the same as their retailer location.²²



¹¹ Refer to the Appendix for more information on how UCCs are defined.

¹² See n.4, *Supra*.

¹³ Nursing, *Urgent Care: A Growing Healthcare Landscape*, July 2017. Available at:

journals.lww.com/nursing/Fulltext/2017/07000/Urgent_care_A_growing_healthcare_landscape.8.aspx.

¹⁴ In these instances, a UCC is more economical for consumers. A 2016 study in the *Annals of Emergency Medicine* found that emergency room treatment costs were about 10 times more (an average of about \$2,200) than in a UCC (about \$168) — even for patients with the same diagnosis. More information is available at: www.journals.elsevier.com/annals-of-emergency-medicine.

¹⁵ Urgent Care Association, *2019 Benchmark Survey*. Available at: www.ucaoa.org/Portals/80/pdfs/benchmarking/UCA-BenchmarkSurvey19_v1.pdf?ver=2020-02-21-182523-333.

¹⁶ Includes nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives.

¹⁷ American College of Emergency Physicians, *Urgent Care Centers*, October 2016. Available at: www.acep.org/patient-care/policy-statements/urgent-care-centers/.

¹⁸ Approximately 81 percent of UCCs submit claims for reimbursement with POS 20 (urgent care); about 4 percent use POS 11 (PCP); and about 14 percent use a combination of POS 20 and POS 11.

¹⁹ The Journal of Urgent Care Medicine, *Pros and Cons of Urgent Care vs. Primary Care Billing for Urgent Care Services*. Available at: www.jucm.com/pros-and-cons-of-urgent-care-vs-primary-care-billing-for-urgent-care-services/.

²⁰ National Conference of State Legislatures, *Retail Health Clinics: State Legislation and Laws*, August 2017. Available at: www.ncsl.org/research/health/retail-health-clinics-state-legislation-and-laws.aspx.

²¹ About 70 percent of retail clinics operate in southern and midwestern states. CVS Health has the largest market share accounting for 55 percent of all retail clinics in the nation. More information is available at: <https://www.scrapehero.com/retail-health-clinic-locations-in-us-location-analysis/#:~:text=70%%20of%20all%20retail%20clinics%20operate%20in%20southern.and%20have%20launched%20many%20clinics%20over%20the%20years>.

²² See n. 9, *Supra*.

Primary Care Practices

UCCs and retail clinics traditionally offer services that supplement care provided in a primary care setting, tending to acute conditions when a PCP is unavailable.²³ Though complementary, PCPs have a distinct role – they are a “long-term partner” for consumers with a focus on preventative care and chronic disease management. PCPs are most familiar with their patients’ medical records and overall health. Typically, PCPs are available during regular business hours and provide services, including vaccinations, routine health exams, regular screenings, prescription refills, and management of long-term conditions, such as diabetes and asthma.^{24, 25} In addition, PCPs provide specialty referrals for patients with specific health care risks or concerns.

Hospital Emergency Departments

Hospital EDs are equipped to evaluate and treat life-threatening emergencies and trauma (e.g., heart attacks, strokes, sepsis, anaphylaxis, and gunshot wounds).²⁶ Patient care is prioritized based on the severity of an illness or injury.²⁷ This can result in long wait times for consumers presenting with less severe conditions.²⁸ Payers estimate that about two thirds of ED visits could be adequately managed by a UCC.^{29, 30}



²³ Forbes, *Urgent Care and Primary Care: Which Model Is Right for You?* March 2020. Available at: www.forbes.com/sites/forbesbusinessdevelopmentcouncil/2020/03/17/urgent-care-and-primary-care-which-model-is-right-for-you/?sh=760a92c633bb.

²⁴ See n. 9, *Supra*.

²⁵ Virginia Mason Franciscan Health, *Choosing the Right Level of Care*. Available at: www.chifranciscan.org/health-care-services/urgent-care/choosing-the-right-level-of-care.html.

²⁶ Verywell Health, *Differences of Urgent Care and the Emergency Room*, November 2019. Available at: www.verywellhealth.com/urgent-care-vs-emergency-room-4148482.

²⁷ Maryland Primary Care Physicians, *What to Do? Emergency Care vs Urgent Care vs Your Doctor's Office*. Available at: www.mpcp.com/articles/preventative-care/what-to-do-emergency-department-vs-urgent-care-vs-your-doctors-office/.

²⁸ Harvard Health Letter, *Ask the doctor: Why are waits in the emergency department so long?* December 2011. Available at: www.health.harvard.edu/newsletter_article/why-are-waits-in-the-emergency-department-so-long.

²⁹ An estimated 14 to 27 percent of all ED visits could take place at a UCC, generating a potential cost savings of approximately \$4.4 billion annually, according to a 2010 study in Health Affairs. More information is available at: www.healthaffairs.org/doi/full/10.1377/hlthaff.2009.0748.

³⁰ Fierce Healthcare, *UnitedHealth: Healthcare Could Save \$32B Annually by Diverting Avoidable ED Visits*, July 2019. Available at: www.fiercehealthcare.com/payer/two-thirds-ed-visits-avoidable.

Findings

All UCC organizations (16)³¹ included in the review have procedures for sharing encounter information with patients' PCPs. Nearly half (7) primarily rely on their EHR to send the information, and half (8) rely on fax, email, or paper discharge summaries provided to patients. Use of CRISP ENS is limited with two UCCs (representing 22 percent of Maryland sites included in the review) having completed implementation; most UCCs have expressed interest in ENS and were connected to CRISP to discuss implementation.

Information Sharing with PCPs				
Count	UCC Name (Number of Maryland Sites =108)	Approach (✓)		
		CRISP	EHR	Other
1	AFC Urgent Care (1)	✓		
2	All Day Medical Care Clinic (2)			✓ (Fax/email)
3	AllCare Family Medicine and Urgent Care (5)		✓	
4	Concentra Urgent Care (12)			✓ (Paper discharge summary)
5	Express Healthcare (2)			✓ (Fax/email)
6	ExpressCare Urgent Care Centers (26)			✓ (Fax)
7	Fast Track Urgent Care (2)			✓ (Fax)
8	FirstCall Urgent Care (2)		✓	
9	MD Immediate Care (2)			✓ (Fax)
10	MedExpress Urgent Care (5)		✓	
11	Patient First (23)	✓*	✓	
12	PM Pediatrics (9)		✓	
13	Priority Care (4)			✓ (Fax)
14	U.N.I. Urgent Care (5)			✓ (Fax)
15	WiseCare (2)		✓	
16	Your Doc's In (6)		✓	
✓ Total (Maryland Sites)		2 (24)	7 (52)	8 (55)

* Partial implementation

Limitations

The information was self-reported and not audited for accuracy. The review did not include all UCCs operating in the State and did not assess regularity of notifications to PCPs. For purposes of this review, certain UCCs were excluded; this includes hospital owned UCCs given hospitals existing integration with CRISP. Retail clinics were also excluded from the review, including CVS MinuteClinic.^{32, 33}

³¹ The review consisted of 16 UCCs operating in the State representing a total of 108 sites.

³² Operates in about 36 CVS and 8 Target stores in Maryland.

³³ In 2015, CVS MinuteClinic transitioned to Epic, and EHR systems with health information exchange capabilities. More information is available at: cvshealth.com/newsroom/press-releases/cvs-health-adopt-epic-electronic-health-record-system-cvs-specialty-care.

Appendix

UCCs are subject to oversight by states, accrediting bodies³⁴, Medicare, Medicaid, and private payers. State regulation and the Centers for Medicare and Medicaid Services (CMS) define UCCs and their scope of services as follows:

COMAR 10.09.77.01(3), Urgent Care Centers

A free-standing UCC means a location, distinct from a hospital ER, a physician's office, or a free-standing clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.

CMS place of service 20 for urgent care facility

A location distinct from a hospital ER, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.³⁵

Leading professional associations define the scope of services provided by a UCC as follows:

The Urgent Care Association

A UCC is specially equipped to diagnose and treat a broad spectrum of non-life and limb threatening illnesses and injuries. Urgent care centers are enhanced by onsite radiology and laboratory services and operate in a location distinct from a freestanding or hospital-based emergency department. Care is rendered under the medical direction of an allopathic or osteopathic physician. Urgent care centers accept unscheduled, walk-in patients seeking medical attention during all posted hours of operation.³⁶

The American Academy of Urgent Care Medicine

The scope of services at UCCs includes treatment of wounds, injuries, fractures, asthma attacks and mild concussions. Most centers have X-ray and lab facilities; some are adding more advanced diagnostic equipment. Physicians typically provide the bulk of medical services, helped by nurses and physicians' assistants.³⁷

³⁴ The Urgent Care Association, National Urgent Care Center Accreditation and The Joint Commission are the most prominent accrediting bodies for this industry. Our findings indicate that accreditation is more common for larger organizations with more resources.

³⁵ See n. 17, *Supra*.

³⁶ More information is available at: ucaoa.org/.

³⁷ More information is available at: aaucm.org/what-is-urgent-care-medicine/.